


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # M03000000738 1. Entity Name TRISUN COPANS, LLC	
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Principal Place of Business 1777 REISTERSTOWN ROAD, SUITE 135 EAST BALTIMORE, MD 21208	Mailing Address 1777 REISTERSTOWN ROAD, SUITE 135 EAST BALTIMORE, MD 21208
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DO NOT WRITE IN THIS SPACE

04252007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 57-1149762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BLOCK, STEPHEN E 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000757482
05/23/07-80073-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRISUN FINANCIAL, L.L.C. 1777 REISTERSTOWN ROAD, SUITE 135 EAST BALTIMORE, MD 21208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Trisun Financial, LLC, Member by State, Horvitz, President

SIGNATURE: _____ *4/25/07 46-553-5550*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #